

CHAPTER 13 PLAN

Filing Date: _____ Docket #: _____

Debtor: Thompson, Mark D Co-Debtor: Thompson, Heather A

SS#: 9592 SS#: 8550

Address: 5 Hermitage Road Address: 5 Hermitage Road

Marion, MA 02738 Marion, MA 02738

Debtor's Counsel:

Smeloff & Benner
100 Grossman Drive - Suite 305
Braintree, MA 02184

(781) 843-2323
(781) 843-2324

ATTACHED TO THIS COVER SHEET IS THE CHAPTER 13 PLAN FILED BY THE DEBTOR(S) IN THIS CASE. THIS PLAN SETS OUT THE PROPOSED TREATMENT OF THE CLAIMS OF CREDITORS. THE CLAIMS ARE SET FORTH IN THE BANKRUPTCY SCHEDULES FILED BY DEBTOR(S) WITH THE BANKRUPTCY COURT.

YOU WILL RECEIVE A SEPARATE NOTICE FROM THE BANKRUPTCY COURT OF THE SCHEDULED CREDITORS' MEETING PURSUANT TO 11 U.S.C. § 341. THAT NOTICE WILL ALSO ESTABLISH THE BAR DATE FOR FILING PROOFS OF CLAIMS.

PURSUANT TO THE MASSACHUSETTS LOCAL BANKRUPTCY RULES, YOU HAVE UNTIL THIRTY (30) DAYS AFTER THE SECTION 341 MEETING TO FILE AN OBJECTION TO CONFIRMATION OF THE CHAPTER 13 PLAN, WHICH OBJECTION MUST BE SERVED ON THE DEBTOR, DEBTOR'S COUNSEL AND THE CHAPTER 13 TRUSTEE.

CHAPTER 13 PLAN

Docket#:

DEBTORS: (H) Thompson, Mark D SS# 9592
(W) Thompson, Heather A SS# 8550

TERM OF THE PLAN 36 Months.

(If the plan is longer than thirty-six (36) months and debtor's plan is governed by 11 U.S.C § 1322 (d)(2), a statement of cause under must be attached hereto.)

PLAN PAYMENT: Debtor(s) to pay monthly: \$ 408.00.

I. SECURED CLAIMS:

A. Claims to be paid through the plan (including arrears):

Creditor	Description of Claim (pre-petition arrears, purchase money, etc.)	Amount of Claim
American Home Mtg Svc	1st mortgage 5 Hermitage Road	8,650.12
Beneficial/hfc	2nd mortgage5 Hermitage	4,353.61
	Total of secured claims to be paid through the Plan:	\$ 13,003.73

B. Claims to be paid directly to creditors (not through plan):

Creditor	Description of Claim
American Home Mtg Svc	1st mortgage 5 Hermitage Road
Beneficial/hfc	2nd mortgage5 Hermitage

II. PRIORITY CLAIMS:

A. Domestic Support Obligations:

Creditor	Description of Claim	Amount of Claim
None		

B. All Other Priority Creditors:

Creditor	Description of Claim	Amount of Claim
None		
	Total of Priority Claims to Be Paid Through the Plan:	\$ 0.00

III. ADMINISTRATIVE CLAIMS:

A. Attorneys fees (to be paid through the Plan): \$ 0.00.

B. Miscellaneous fees:

Creditor	Description of Claim	Amount of Claim
None		

C. The Chapter 13 Trustee's fee is determined by Order of the United States Attorney General. The calculation of the Plan payment set forth utilizes a 10% Trustee's commission.

IV. UNSECURED CLAIMS:

The general unsecured creditors shall receive a dividend of 0.93% of their claims.

B. Undersecured claims arising after lien avoidance/cramdown:

Creditor	Description of Claim	Amount of Claim
None		

C. Non-Dischargeable Unsecured Claims:

Creditor	Description of Claim	Amount of Claim

Total of A + B + C unsecured claims: \$ 23,069.00

D. Multiply total by percentage: \$ 215.47.

(Example: total of \$38,500.00 x .22 dividend = \$8,470.00)

D. Separately classified unsecured claims (co-borrower, etc.):

Creditor	Description of Claim	Amount of Claim
None		

Total amount of separately classified claims payable at 100%: \$ 0.00

V. OTHER PROVISIONS:

A. Liquidation of assets to be used to fund Plan:

B. Modification of Secured Claims: Set forth details of modifications below or on attached sheets. This information should include name of creditor and detailed explanation of the modification. The total amount of the secured claim that is to be paid through the plan (inclusive of interest) should be set forth in Section I of this Plan.

C. Assumption/Rejection of Leases:

None

D. Miscellaneous provisions:

CALCULATION OF PLAN PAYMENT:

a. Secured claims (Section I-A Total):	\$ <u>13,003.73</u>
b. Priority claims (Section II-A & B Total):	\$ <u>0.00</u>
c. Administrative claims (Section III A & B Total):	\$ <u>0.00</u>
d. Regular unsecured claims (Section IV – D Total):	\$ <u>215.47</u>
e. Separately classified unsecured claims (Section IV – E Total):	\$ <u>0.00</u>
f. Total of a + b + c + d + e above:	\$ <u>13,219.20</u>
g. Divide (f) by .90 for total including Trustee's fee: Cost of Plan: (This represents the total amount to be paid into the Chapter 13 Plan)	\$ <u>14,688.00</u>
h. Divide (g) Cost of Plan by Term of Plan: <u>36</u> months	
i. Round up to nearest dollar: Monthly Plan Payment:	\$ <u>408.00</u>

(Enter this amount on Page 1)

Pursuant to 11 U.S.C. §1326(a)(1) unless the Court orders otherwise, debtor shall commence making the payments proposed by a plan within thirty (30) days after the petition is filed. Pursuant to 11 U.S.C. §1326(a)(1)(C), the debtor shall make pre-confirmation adequate protection payments directly to the secured creditor.

LIQUIDATION ANALYSIS

I. Real Estate:

List Each Address
5 Hermitage Road

Fair Market Value	Total Amount of Recorded Liens (Schedule D)
201,000.00	247,359.56

Total Net Equity for Real Property: \$ 0.00
Less Total Exemptions (Schedule C): \$ 0.00

II. Automobile

Describe year, make and model	Value	Lien	Exemption
2002 Toyota Camry	\$ 3,200.00	0.00	3,200.00
2003 Chevrolet Cargo van	\$ 1,650.00	0.00	1,650.00

Total Net Equity:	\$ 4,850.00
Less Total Exemptions (Schedule C):	\$ 4,850.00
Available Chapter 7:	\$ 0.00

III. All Other Assets (All remaining items on Schedule B): (Itemize as necessary)

Total Net Value:	\$ 13,440.00
Less Exemptions (Schedule C):	\$ 13,440.00
Available Chapter 7:	\$ 0.00

SUMMARY (Total amount available under Chapter 7):

Net Equity (I and II) Plus Other Assets (III) less all claimed exemptions: \$ 0.00.

Additional Comments regarding Liquidation Analysis:

Pursuant to the Chapter 13 rules, the debtor or his or her counsel is required to serve a copy of the Plan upon the Chapter 13 Trustee, all creditors and interested parties, and to file a Certificate of Service accordingly.

/s/ Richard D. Smeloff

Debtor's Counsel

November 26, 2010

Date

Counsel's Address:

Smeloff & Benner
100 Grossman Drive - Suite 305
Braintree, MA 02184

Tel. # (781) 843-2323

Email Address: rsmeloff@msn.com

I/WE DECLARE UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS OF FACT ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

/s/ Mark D Thompson

Debtor

November 26, 2010

Date

/s/ Heather A Thompson

Debtor

November 26, 2010

Date

CERTIFICATE OF SERVICE

I, Richard D. Smeloff, Esq., hereby certify that I have served a copy first class mail, postage pre paid of the within Chapter 13 Plan to the attached distribution service list.

/s/ Richard D. Smeloff, Esq.
Richard D. Smeloff, Esq.

American Home Mtg Svci
10440 Little Patuxent Parkway
Columbia, MD 21044

Beneficial/hfc
Po Box 3425
Buffalo, NY 14240

Chase
Po Box 15298
Wilmington, DE 19850

Citi
Po Box 6241
Sioux Falls, SD 57117

Fall River/New Bedford Regional MRI
PO Box 847916
Boston, MA 02284

Hfc - Usa
Po Box 3425
Buffalo, NY 14240

Lustig Glaser & Wilson
PO Box 9127
Needham, MA 02492

Nextel
4500 Cherry Creek Dr Ste
Denver, CO 80246

Southcoast Hospitals Group
P.O. Box 11357
Boston, MA 02211-1357